5625 **MARYLAND STATE DEPARTMENT OF HEALTH** 05593

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) STEVENS (Last) ARCHER
4. DATE OF DEATH (Month) JUNE (Day) 10 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Jan 24 1871
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Mountain, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Daniel Trainor Archer
14. MOTHER'S MAIDEN NAME Susanna Stevens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Raymond B Archer - Fallston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) APOPLEXY (CEREBRO-VASCULAR ACCIDENT) — 22 HOURS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSION OF ARTERIOSCLEROSIS — 3 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 10 JUNE, 1954, that I last saw the deceased alive on 10 JUNE, 1954, and that death occurred at 3:50 P. m., from the causes and on the date stated above.

SIGNATURE? H. P. Sidwell (Degree or title) M. D. ADDRESS Bel Air Md DATE SIGNED 11 June 54

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF June 12 1954
NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery
LOCATION (City, town, or county) Joppa Md. (State)
DATE REC'D BY LOCAL REG. 6/11/54
REGISTRAR'S SIGNATURE Priscilla Fouvard
24. FUNERAL DIRECTOR W H Archer ADDRESS Willard P Archer Benson - Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1954
BUREAU V. S.

5607 05594

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 30 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) Box 262

3. NAME OF DECEASED (Type or Print) (First) Linda (Middle) Sue (Last) Bennett
4. DATE OF DEATH (Month) June (Day) 1 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 2, 1953
9. AGE last birthday yrs. If under 1 year Months 7 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Adam C Bennett
14. MOTHER'S MAIDEN NAME Verna Burlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Adam C. Bennett Port Deposit Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

340.1

Immediate cause (a) Influenza Meningitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia

(c)

INTERVAL BETWEEN ONSET AND DEATH 3+ weeks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 1954, to 6/1, 1954, that I last saw the deceased alive on 6/1, 1954, and that death occurred at 11:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Neil Rhodes MD ADDRESS Rising Sun Md DATE SIGNED 6/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/4/54
NAME OF CEMETERY OR CREMATORY Asbury Methodist
LOCATION (City, town, or county) (State) Port Deposit - Md

DATE REC'D BY LOCAL REG. 6-2-54
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Jim A. Patterson & Son ADDRESS Perryville, Md.

20X3302404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1954
BUREAU V. S.

5608

05595

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen 31
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 148 Rigdon Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen 31
STREET ADDRESS (If rural, give location) #148 Rigdon Road.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Johnson (Last) Brennan
4. DATE OF DEATH (Month) 6 (Day) 17 (Year) 1954
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8/27/1917
9. AGE last birthday 36 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ordnance Engineer
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME John Joseph Brennan
14. MOTHER'S MAIDEN NAME Margaret Calder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) yes X II
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Wm J. Brennan Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

160X

Immediate cause (a) Carcinoma of Right Maxillary Sinus — INTERVAL BETWEEN ONSET AND DEATH 18 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to 6/17, 1954, that I last saw the deceased alive on 6/16, 1954, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

SIGNATURE Frederick J Hatem, M.D. (Degree or title) ADDRESS Aberdeen, Md DATE SIGNED 6/17/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/19/54
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) Aberdeen Md (State)

DATE REC'D BY LOCAL REG. June 18-54
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR John G. Tarring ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

I

RECEIVED
JUN 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5626 CERTIFICATE OF DEATH

05597

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) X Aberdeen Proving Ground
LENGTH OF STAY (in this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
STREET ADDRESS (If rural give location) 126 Bloomsbury Ave.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Buisson

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 1, 1892	61 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter	Federal Employee	Unknown	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Unknown	212-18-9949	Rosalie A. Buisson 126 Bloomsbury Ave. Havre de Grace, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 420.1 Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) coronary arteriosclerosis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from none, to Jun 8 19 54, that I last saw the deceased alive on June 8, 1954 and that death occurred at 10:50 a.m. from the causes and on the date stated above.

SIGNATURE Walter J. Lynch M.D. F.A.C.S. (Degree or title) ADDRESS Bel Air, Md. DATE SIGNED June 8-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-11-1954	Idlewell	Port Deposit, Md.	Rural

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 9-54	Nellie R. Perry	Wm. A. Patterson & Son	Perryville, Md.

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5627 CERTIFICATE OF DEATH

Reg. Dist. No. 05598

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL BEL AIR X
LENGTH OF STAY (in this place): 1 MONTH
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE CITY 3V01-4
STREET ADDRESS (If rural give location): 908 CHESTNUT HILL AVE.

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) CONRAD (Last) CHENOWITH Sr.

4. DATE OF DEATH: (Month) JUNE (Day) 29 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	MARCH 3, 1893	61 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Inspector	Auto - General Motors	BAYNESVILLE, Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
WILLIAM CHENOWITH	ANNIE DYE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		~~WIFE~~ EMMA H. CHENOWITH

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
156.1 Immediate cause	(a) CIRCULATORY FAILURE	½ hr.
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) ADVANCED CARCINOMA TOSIS	10 Months
	DUE TO (c) CARCINOMA of LIVER	1 year ?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 1, 1954, to JUNE 29, 1954, that I last saw the deceased alive on JUNE 25, 1954, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Paul S. Stonesifer Jr. M.D.	115 FULFORD Ave. Bel Air, Md.	June 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/2/54	Western Cemetery	Baltimore	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-30-54	A. W. Hedemann	Leonard J. Ruck	5305 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5628 **CERTIFICATE OF DEATH** Reg. Dist. No. 05599

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre De Grace; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace; STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (First) Katie (Middle) K. (Last) Craig (Type or Print)

4. DATE OF DEATH (Month) June (Day) 13 (Year) 1954

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow 8. DATE OF BIRTH: Oct. 17, 1873 9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework 10B. KIND OF BUSINESS OR INDUSTRY: at Home 11. BIRTHPLACE (State or foreign country): Phila. Penna 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: H M Carroll 14. MOTHER'S MAIDEN NAME: Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO: no 17. INFORMANT & ADDRESS: Mrs Margarett Gallinger 517 Barber St Havre De Grace Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSE (S) DUE TO (B) Carcinoma of Colon — 1 yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at [illegible] M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED 6/15/54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial DATE THEREOF June 16, 1954 NAME OF CEMETERY OR CREMATORY Rock Run Cem LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 16, 1954 REGISTRAR'S SIGNATURE A L. Lewis M D 24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington Md.

RECEIVED
JUN 18 ··
BUREAU V. S.

5609

MARYLAND STATE DEPARTMENT OF HEALTH

05600

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural, give location) 104 FAIRWAY CRT., BAYBROOK

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) L. (Last) DRIVER Jr.
4. DATE OF DEATH (Month) JUNE (Day) 10 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-10-54
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME RAYMOND L. DRIVER
14. MOTHER'S MAIDEN NAME BETTY JEAN JORDON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Hosp. Records, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia Neonatorum

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pour cord strangulation

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 10, 1954, to JUNE 10, 1954, that I last saw the deceased alive on JUNE 10, 1954, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel D. Dolse
ADDRESS 421 Congress Ave. Havre de Grace, Md.
DATE SIGNED 6-10-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/11/54
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. June 10. 1954
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Cunningham & Son
ADDRESS Havre de Grace, Md.

2064311415

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUN 14
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05601

5629

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville R.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ALICE GLACKIN DUNNIGAN

4. DATE OF DEATH: (Month) (Day) (Year) June 14 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 4, 1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country) Hyde Co Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Glackin
14. MOTHER'S MAIDEN NAME: Mary A. Welsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Harold J Dunnigan Pylesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 6 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease — 3 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7-, 1952, to 6-11, 1954, that I last saw the deceased alive on 6-11, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles A. Neff MD
ADDRESS Street Md
DATE SIGNED 6/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 17, 1954
NAME OF CEMETERY OR CREMATORY Sp. Mary
LOCATION (City, town, or county) Pylesville Hyde Co Md (State)

DATE REC'D BY LOCAL REGISTRAR 6/16/54
REGISTRAR'S SIGNATURE Priscilla Fourood
24. FUNERAL DIRECTOR W. Howard Webb Fawn Grove, Pa
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18
BUREAU V. S.

MARYLAND 5630 STATE DEPARTMENT OF HEALTH 15602

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Jarrettsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lavania (Middle) Windsor (Last) Gailey
4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Aug. 17, 1871
9. AGE last birthday: 82 yrs. If under 1 year: Months 9 Days 25 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Clarksburg, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm Windsor
14. MOTHER'S MAIDEN NAME: Anna Murphy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: J. Windsor Gailey, Fallston, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure — < 1 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Hypertensive cardiovascular desease — 2yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1954, to June 12, 1954, that I last saw the deceased alive on June 10, 1954 and that death occurred at 12 50 P m., from the causes and on the date stated above.
SIGNATURE Charles A. Goff (Degree or title) M.D. ADDRESS Street Md DATE SIGNED June 13, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: June 14, 1954
NAME OF CEMETERY OR CREMATORY: Bethel
LOCATION (City, town, or county) (State): Madonna, Harford Co. Md

DATE REC'D BY LOCAL REG. 6/13/54
REGISTRAR'S SIGNATURE Priscilla Fowble
24. FUNERAL DIRECTOR: Martin L. Kurtz, Jarrettsville, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 17 1954
BUREAU V. S.

Film#G167 Item# 8
6/28/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05603

5631 CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Hill Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forest Hill Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) J. (Last) Grafton
4. DATE OF DEATH: (Month) (Day) (Year) June 13, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Dec. 28 1884
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marion D. Carr
14. MOTHER'S MAIDEN NAME: Martha Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Corbin Grafton Forest Hill, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSE (B) DUE TO Chronic Myocarditis — 2 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis — 2 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1954, to June 13 1954 that I last saw the deceased alive on June 2, 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE: L P Snodgrass M. D. ADDRESS: Darlington Md. DATE SIGNED: 6/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: June 15, 1954
NAME OF CEMETERY OR CREMATORY: Deer Creek
LOCATION (City, town, or county) (State): Harford Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 6/10/54
REGISTRAR'S SIGNATURE: Priscilla Forwood
24. FUNERAL DIRECTOR: H. S. Bailey ADDRESS: Darlington

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

JUN 21 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05604

5632

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) DARLINGTON
LENGTH OF STAY (in this place) 80 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #1 Darlington, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) DARLINGTON
STREET ADDRESS (If rural give location) RT 1, 3 mile South of Darlington

3. NAME OF DECEASED: (First) ELLA (Middle) MAE (Last) HUGHES

4. DATE OF DEATH: (Month) JUNE (Day) 20 (Year) 1954

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JULY 5, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAM SMITH

14. MOTHER'S MAIDEN NAME: ELLEN JONES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MRS. JOHN HUGHES, RFD #1 DARLINGTON, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — Interval Between Onset And Death: 3 WKS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) HYPER TENSIVE CARDIO-VASCULAR DISEASE — 15 to 20 YEARS
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 MAY, 1954, to 20 JUNE, 1954, that I last saw the deceased alive on 18 JUNE, 1954, and that death occurred at 5:15 AM 20 JUNE from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip W. Neuman M.D. ADDRESS 307 Hickory Ave., Bel Air Md DATE SIGNED 20 JUNE 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF June 23 1954 NAME OF CEMETERY OR CREMATORY Darlington Cem LOCATION (City, Town, or county) (State) Harford Co, Md.

DATE REC'D BY LOCAL REGISTRAR June 21, 1954 REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR H. L. Bailey ADDRESS Darlington Md

VS. A15

RECEIVED
JUN

Item 21 Film G168 7/20/54 ams

5610 MARYLAND STATE DEPARTMENT OF HEALTH

05605

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 73 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Md
STREET ADDRESS (If rural, give location) Ontario St Extended, Havre de Grace

3. NAME OF DECEASED (Type or Print) (First) J. FRANK (Middle) (Last) Lee
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1954

5. SEX M
6. COLOR OR RACE black
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH April 2 1880
9. AGE last birthday 74 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cake Baker
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (State or foreign country) Havre de Grace
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. Sidney Lee
14. MOTHER'S MAIDEN NAME Mary Ellen Peaco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mrs. Geo. Daugherty, Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun Shot Wound Head — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Havre de Grace — (COUNTY) Harford — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) June 28 1954 5p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Found lying in doorway. Trigger unguarded.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Charles Richardson Jr. — (Degree or title) M.D. Asst Deputy Med Exam — ADDRESS Bel Air Md — DATE SIGNED 6/28/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 7/1/54 — NAME OF CEMETERY OR CREMATORY Green Spring — LOCATION (City, town, or county) Near Level, Md. (State)

DATE REC'D BY LOCAL REG. July 1 - 1954 — REGISTRAR'S SIGNATURE A. L. Lewis M.D. — 24. FUNERAL DIRECTOR Cunningham & Son — ADDRESS Havre de Grace Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUL 6
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05606

5633 CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Havre de Grace
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Harford COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Havre de Grace
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Dean (Last) Lee

4. DATE OF DEATH: (Month) (Day) (Year) 6/25/54 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10, 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm, Self owned
11. BIRTHPLACE (State or foreign country): Newark Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Lee
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Mrs. Wm. H. Lee, Bel Air Road, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33

			Interval Between Onset And Death
Immediate cause	(a)	Cerebral hemorrhage	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Malignant hypertension	10 years
	DUE TO (c)	Arterio Sclerosis	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/25, 1954 to 6/25, 1954, that I last saw the deceased alive on 6/25, 1954, and that death occurred at 1:30 PM., from the causes and on the date stated above.

SIGNATURE Mrs. Wolbert (Degree or title) M.D. ADDRESS Havre de Grace Md. DATE SIGNED 6/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/28/54
NAME OF CEMETERY OR CREMATORY Rock Run
LOCATION (City, town, or county) Rock Run, Md. (State)
DATE REC'D BY LOCAL REGISTRAR June 28-54
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1954
BUREAU V. S.

5611 MARYLAND STATE DEPARTMENT OF HEALTH 05607

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) D. O. A.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buffalo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.	STREET ADDRESS (If rural, give location) 65 Goode Ave.

3. NAME OF DECEASED (Type or Print)	(First) Merlin	(Middle) Philip	(Last) Linder	4. DATE OF DEATH	(Month) June	(Day) 26	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 9, '17	9. AGE last birthday 36 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stillman	10b. KIND OF BUSINESS OR INDUSTRY Coke Plant	11. BIRTHPLACE (State or foreign country) Osseo, Michigan	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME William Linder	14. MOTHER'S MAIDEN NAME unknown by informant						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 2, Navy	16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Buffalo, N.Y. Mrs. Merlin Linder, 65 Goode Ave.					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) coronary thrombosis	10 mins.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) coronary artery disease	6-8 mons
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles Richardson	M.D. Ant. Coroner	Bel Air, Md	6/26/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6/27/54	Unknown	Buffalo N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27-54	A. L. Lewis M.D.	Pennington & Son	Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUN 25

5612 MARYLAND STATE DEPARTMENT OF HEALTH 05608

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port De Posit Rural
STREET ADDRESS (If rural, give location) Rising Sun Rd

3. NAME OF (Type or Print) (First) Ada (Middle) Elizabeth (Last) Love

4. DATE OF DEATH (Month) June (Day) 4 (Year) 1954

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 8-25-83 | 9. AGE last birthday 70 yrs. | If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William B. Weir | 14. MOTHER'S MAIDEN NAME Mary Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Henry P. Love, Rising Sun, Md. RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] (c) Senio 14

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to 4 June , 1954 , that I last saw the deceased alive on 4 June , 1954 , and that death occurred at 2:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 6-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-7-1954 | NAME OF CEMETERY OR CREMATORY Hopewell | LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. June 7-54 | REGISTRAR'S SIGNATURE I. L. Lewis M.D. | 24. FUNERAL DIRECTOR AND ADDRESS Lee A. Patterson & Son Perryville, Md.

RECEIVED
JUN 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

5634

2411 N. Charles Street, Baltimore

05609

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) William (Middle) [illegible] (Last) Mahady
4. DATE OF DEATH (Month) June (Day) 30 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept. 21, 1888
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Army Chem Center
11. BIRTHPLACE (State or foreign country): Minooka, Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Mahady
14. MOTHER'S MAIDEN NAME: Hannah Shea
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 206-10-5583
17. INFORMANT AND ADDRESS: Mrs Joseph [illegible] Lane, Army Chem Center, Harford Co, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 3 hrs.

Antecedent cause(s) (b) Chronic Hypertensive Cardio-Vascular — ?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1954 to June 30, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson M.D. (Degree or title) — ADDRESS: Forest Hill, Md. — DATE SIGNED: July 2, '54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 5, 1954 — NAME OF CEMETERY OR CREMATORY: St. Joseph Cem — LOCATION (City, town, or county): Scranton (State) Penna

DATE REC'D BY LOCAL REG.: July 3, 1954 — REGISTRAR'S SIGNATURE: Priscilla Fonwood — 24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1
BUREAU V. S.

5613 **MARYLAND STATE DEPARTMENT OF HEALTH** 05610

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 So. Roger St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 15 So. Roger St

3. NAME OF DECEASED (Type or Print): (First) ABBIE (Middle) VIRGINIA (Last) McGAW
4. DATE OF DEATH: (Month) JUNE (Day) 20 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 28 1870
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Md. Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Bernard Lewis Hopkins
14. MOTHER'S MAIDEN NAME: Amanda Virginia Reasin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Attie V. Kiernan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) UREMIA — 2 WEEKS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) RENAL FAILURE — 2 MONTHS

(c) ARTERIOSCLEROTIC CARDIO RENAL DISEASE — 2 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1952, to JUNE 20, 1954, that I last saw the deceased alive on JUNE 18, 1954 and that death occurred at 10 53 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Brown McDonald Jr. M.D. Aberdeen, Md. 6-20-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: June 23, 54 | NAME OF CEMETERY OR CREMATORY: Grove Cemetery | LOCATION (City, town, or county) (State): Aberdeen Md.

DATE REC'D BY LOCAL REG.: June 22-1954 | REGISTRAR'S SIGNATURE: Nellie L. Carey

24. FUNERAL DIRECTOR ADDRESS: R. Madison Mitchell Havre de Grace Md.

RECEIVED
JUN 23 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05611

5635

CERTIFICATE OF DEATH

Reg. Dist. No. 18-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

1. PLACE OF DEATH:
COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN PROV GR
LENGTH OF STAY (in this place) 10 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS USA HOSPITAL ABERDEEN PROV GR

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN
STREET ADDRESS (If rural give location) 11 MONROE ST

3. NAME OF DECEASED: (Type or Print) (First) TEOLA (Middle) WILLIAMS (Last) MCNEILL

4. DATE OF DEATH: (Month) JUNE (Day) 6 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 7 DEC 1901

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: PRACTICAL NURSE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): SMITH'S STATION, ALA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~UNKNOWN~~ WYATT WILLIAMS

14. MOTHER'S MAIDEN NAME: ~~UNKNOWN~~ SUSIE DORSEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-26-4632

17. INFORMANT & ADDRESS: Mrs Machie Capt MSC, USAH, APG, MD. (MOD)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4+

Immediate cause (a) Stroke — Interval Between Onset And Death: 12 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive cardiovascular dis. — c. 5 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Jun., 1954, to 6 Jun, 19.54, that I last saw the deceased alive on 6 Jun., 19.54, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Mangle Capt MC 2151-1 ASU USAH APG MD 6 Jun 54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 6/12/54 — NAME OF CEMETERY OR CREMATORY Bethelehem Church Cemetery — LOCATION (City, town, or county) Phoenix City, (State) Ala.

DATE REC'D BY LOCAL REGISTRAR June 7-1954 — REGISTRAR'S SIGNATURE Nellie L. Perry

24. FUNERAL DIRECTOR Otelia J. Bullock — ADDRESS Havre de Grace, Md.

RECEIVED
JUN 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5614 CERTIFICATE OF DEATH

05612

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 624 Happers Alley

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Moore
4. DATE OF DEATH: (Month) 6/30/54 (Day) (Year) 19

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12/16/1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months 6 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Childs Care
11. BIRTHPLACE (State or foreign country): Magnolia, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jake Moore
14. MOTHER'S MAIDEN NAME: Josephine Gilbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Helen Moore Roberts Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Auricular Fibrillation

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertensive cardio-vascular disease

(c)

Interval Between Onset And Death: unknown 2 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1954, to 6/30, 1954, that I last saw the deceased alive on 6/28, 1954, and that death occurred at 12 45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvin L. Wachsman M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 7/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/3/54
NAME OF CEMETERY OR CREMATORY St. James
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REGISTRAR July 3-1954
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1934
BUREAU V. S.

5636 05613

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper X Roads
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Crons Roads
STREET ADDRESS (If rural, give location) Fallston RD

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) NEHRER
4. DATE OF DEATH (Month) June (Day) 19 (Year) 1954
5. SEX F
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feb 2 1881
9. AGE last birthday 73 yrs. If under 1 year: Months 4 Days 17 If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Balto County Md.
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME August Borneman
14. MOTHER'S MAIDEN NAME Mary Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs George Borneman Fallston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Advanced arteriosclerosis — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to 18 June, 1954, that I last saw the deceased alive on 18 June, 1954, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE H P Sedwell (Degree or title) Md ADDRESS Bel Air DATE SIGNED 21 June 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 22-54
NAME OF CEMETERY OR CREMATORY Goodwill
LOCATION (City, town, or county) Rutledge Harford (State) Md

DATE REC'D BY LOCAL REG. 6/21/54
REGISTRAR'S SIGNATURE Priskilla Forwood
24. FUNERAL DIRECTOR Martin G. Kurtz ADDRESS Jarrettsville Md

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 23 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05614

5637

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U.S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) JEFFREY (Middle) Wayne (Last) PANTLEO

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White ~~Negro~~

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 25, 1954

9. AGE last birthday: ——— yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 53

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ———

10b. KIND OF BUSINESS OR INDUSTRY: ———

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jack Pantlea

14. MOTHER'S MAIDEN NAME: Glenna Marie McClanahan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ——— (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY NO.: ———

17. INFORMANT & ADDRESS: Jack Pantleo - Father RFD #1, Aberdeen, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Asphyxiation	53 Min
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Generalized Atelectasis	53 Min
DUE TO		
	(c) Premature Separation of Placenta at delivery	53 Min.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION: ———

19b. MAJOR FINDINGS OF OPERATION ———

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1954, to June 25, 1954, that I last saw the deceased alive on June 25, 1954, and that death occurred at 03:15 A.M., from the causes and on the date stated above.

SIGNATURE James F Tobin, Jr. (Degree or title) M D. ADDRESS 2151-1 USAH-APG-Md. DATE SIGNED 25 June 54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 6/29/54

NAME OF CEMETERY OR CREMATORY Duquoin Cemetery

LOCATION (City, town, or county) (State) Duquoin, Perry Co. Illinois

DATE REC'D BY LOCAL REGISTRAR June 29-1954

REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR John G. Farring ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1954
BUREAU V. S.

5638

05615

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forrest Hill; MARYLAND LENGTH OF STAY (in this place) 5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forrest Hill; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) E. (Middle) May (Last) Pierce

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 15 1866

9. AGE last birthday: 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George B. Moore

14. MOTHER'S MAIDEN NAME: Virginia Beard md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Wilton D Lee - Forrest Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a). Hemorrhage from Esophageal Varices — Interval between onset and death: ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b). Atrophic Cirrhosis of Liver — ?

(c).

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1954, to June 13, 1954, that I last saw the deceased alive on June 13, 1954, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard P. Hudson, MD — ADDRESS: Forest Hill md — DATE SIGNED: 6/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/16/54 — NAME OF CEMETERY OR CREMATORY: Apsenta Cemetery — LOCATION (City, town, or county) (State): Perryman, Maryland.

DATE REC'D BY LOCAL REG. 6/14/54 — REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR: John T. Farring — ADDRESS: Aberdeen, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05616

2411 N. Charles Street, Baltimore

5615

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Harford ~~CECIL~~ Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE De GRACE
LENGTH OF STAY (in this place) 12 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEL AIR
STREET ADDRESS WEBSTER (If rural, give location) ST. ~~UNION~~ AVE.

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) (Last) REISER
4. DATE OF DEATH (Month) 6 (Day) 21 (Year) 1954

5. SEX M
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 21 June 54
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 12 Min. 00

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~Stone~~ OWNER
10b. KIND OF BUSINESS OR INDUSTRY CLOTHING
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME IRVING REISER
14. MOTHER'S MAIDEN NAME MARCELLE SVLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PREMATURITY (5 1/2 Month preg.) — INTERVAL BETWEEN ONSET AND DEATH 12 HRS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) weight 1 lb 5 oz

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 June, 1954, to 21 June, 1954, that I last saw the deceased alive on 21 June, 1954, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE Philip W. Human (Degree or title) M.D. ADDRESS 307 Hickory Ave, Bel Air, Md DATE SIGNED 21 June 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-22-54
NAME OF CEMETERY OR CREMATORY Herring Run
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pl

1064311220

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05617

5616

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

COUNTY Harford MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baltazar (Middle) (Last) Sadera

4. DATE OF DEATH: (Month) June, (Day) 1, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1/6/76

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Stone Mason

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charlie Sadera

14. MOTHER'S MAIDEN NAME: Apolena Naplavova

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 078-16-4451

17. INFORMANT & ADDRESS: Mrs. Frances Sadera, Abingdon, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic Passive Congestion — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic C-V Disease — 5 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Sigmoid — ?

19a. DATE OF OPERATION: May 25 1954

19b. MAJOR FINDINGS OF OPERATION Carcinoma Sigmoid - Cholelithiasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to June, 1954, that I last saw the deceased alive on June 1, 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE J. Ralph Morey (Degree or title) ADDRESS Churchville DATE SIGNED June 4 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/5/1954

NAME OF CEMETERY OR CREMATORY St. Francis

LOCATION (City, town, or county) Abingdon, Harford, (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 4 - 6-4

REGISTRAR'S SIGNATURE [illegible] M. D.

24. FUNERAL DIRECTOR Howard K. Mc Comas & Son, Abingdon, Md., ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1934
BUREAU V. S.

Film #G167 Item # 14 6/14/54 emf

05618

MARYLAND 5639

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carsins Run

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Carsins Run

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH (Month) (Day) (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 25 1860
9. AGE last birthday 93 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME John Henry [illegible]
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Geo. W. Bechtold - Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C-V Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1946, to June, 1954, that I last saw the deceased alive on June 3, 1954, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE J. Ralph Hockington (Degree or title) ADDRESS Churchville DATE SIGNED June 7

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 6/8/54 NAME OF CEMETERY OR CREMATORY L. Pauli Cemetery LOCATION (City, town, or county) Aberdeen Md. (State)

DATE REC'D BY LOCAL REG. June 8 - 1954 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John E. Warring ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH

5617 2411 N. Charles Street, Baltimore 05619

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (In this place) like
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hartford Mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 323 Strawberry Alley

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Reuben	William	Smith	June	20	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	negro	Separated	5/14/02	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRACKMAN
10b. KIND OF BUSINESS OR INDUSTRY: B+O Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Vincent Smith
14. MOTHER'S MAIDEN NAME: Mary Hemore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 705-09-7379
17. INFORMANT AND ADDRESS Mrs. Virgie Mont - 206 Lodge Street, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolus & Coronary Insufficiency	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	18 mos.
	(c) Hypertensive Arteriosclerotic Heart Disease	3 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 1954, to 6/20, 1954, that I last saw the deceased alive on 6/20, 1954 and that death occurred at 11:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George T. Stansbury, M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 6/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/23/54	Green Spring Cemetery	Mr. Havre de Grace	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 23-54	C. L. Lewis M.D.	Otelia J. Bullock	Havre de Grace, Md.

JUN 25 1
EAU V. S.

05620

5618

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace; LENGTH OF STAY (in this place) 10 min.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hos.	STREET ADDRESS (If rural, give location) 167 Banister Ave

3. NAME OF DECEASED (Type or Print) (First) Carol (Middle) Marie (Last) Soares.				4. DATE OF DEATH (Month) 6 (Day) 15 (Year) 1954	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH 3/25/54	9. AGE last birthday 3 mo.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Soares, John			14. MOTHER'S MAIDEN NAME Mary Edna Ver Snyder		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. Infant	17. INFORMANT AND ADDRESS John Soares, 167 Banister Ave		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation food particles

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Malformations

(c) Hydrocephalus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25/1954 to 6/15/1954 that I last saw the deceased alive on 6/15/1954 and that death occurred at 7:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Tom K. Wadsman M.D. ADDRESS Havre de Grace Md DATE SIGNED 6/15/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/17/54	NAME OF CEMETERY OR CREMATORY Mt Erin cemetery	LOCATION (City, town, or county) Havre de Grace (State) Md
DATE REC'D BY LOCAL REG. June 17 - 1954	REGISTRAR'S SIGNATURE A L Lewis M.D.	24. FUNERAL DIRECTOR John G Farring	ADDRESS Aberdeen Md.

2034231303

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 18 19
BUREAU V. S.

5619

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05621

Reg. Dist. No. 135

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Md
STREET ADDRESS (If rural, give location) 72 Swan St

3. NAME OF DECEASED (Type or Print): (First) Jean (Middle) Christine (Last) Steese

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 26, 1954

9. AGE last birthday: If under 1 year: Months / Days; If under 24 hrs.: Hours 3 / Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Theodore Steese

14. MOTHER'S MAIDEN NAME: Jean Christine Shoze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Infant

17. INFORMANT AND ADDRESS: Mother 72 Swan St Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Terminal; (b) 3 hr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26-, 1954, to 6-26-, 1954, that I last saw the deceased alive on 6/26/54, and that death occurred at 6:42 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 6-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6/29/54 — NAME OF CEMETERY OR CREMATORY Post Cemetery — LOCATION (City, town, or county) Aberdeen (State) Md

DATE REC'D BY LOCAL REG. June 28-1954 — REGISTRAR'S SIGNATURE H. L. Lewis M.D.

24. FUNERAL DIRECTOR John G. Tarrury — ADDRESS Aberdeen Md.

2064233210

JUL 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U5622

CERTIFICATE OF DEATH

5620

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 629 N. Stokes St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 629 N. Stokes, St.

3. NAME OF DECEASED: (Type or Print) (First) Alonzo (Middle) Oliver (Last) Suitor

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 4 188[illegible]

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Self Retired

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Suitor

14. MOTHER'S MAIDEN NAME: Rebecca ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Mrs Catherine R. Suitor Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary Oedema	1 Day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Myocardial Infarction	3 Days
	(c) DUE TO Myocarditis	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from June 13, 1954, to June 16, 1954, that I last saw the deceased alive on June 16, 1954, and that death occurred at 6 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) MD — ADDRESS Havre de Grace Md — DATE SIGNED June 17, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** June 18, 1954 — **NAME OF CEMETERY OR CREMATORY** Angel Hill — **LOCATION** (City, town, or county) Havre de Grace — (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 18, 1954 — **REGISTRAR'S SIGNATURE** H. L. Lewis M. D.

24. FUNERAL DIRECTOR H. Madison Mitchell — **ADDRESS** Havre de Grace, Md.

JUN. 21 19
BUREAU V.

MARYLAND 5621

05624

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

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I

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: S. Phila Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): S. Phila Blvd.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Elizabeth (Last) Waream
4. DATE OF DEATH (Month) 6 (Day) 4 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/14/1884
9. AGE last birthday: 64 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Garrett Hoopes
14. MOTHER'S MAIDEN NAME: Anna Elizabeth Mohlhenrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Walter Webster Waream aberdeen md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Inanition — 1 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Rectum with metastases — 11 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-16-53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum & Metastases
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to June 4, 1954 that I last saw the deceased alive on June 4, 1954, and that death occurred at 4:35 A m., from the causes and on the date stated above.

SIGNATURE: Peter P. Hodman, M.D. (Degree or title) ADDRESS: Aberdeen Md — DATE SIGNED: 6-7-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 6/7/54
NAME OF CEMETERY OR CREMATORY: Bakers Cemetery
LOCATION (City, town, or county) (State): aberdeen, md.

DATE REC'D BY LOCAL REG.: June 7-1954
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR — ADDRESS: John G Tarring aberdeen, maryland

5640

05625 Reg. Dist. 182

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 94

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ind COUNTY Orange
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Paoli
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Laverne (Last) Wells
4. DATE OF DEATH (Month) June (Day) 4 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-9-25
9. AGE last birthday: 9 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? Wil

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: Mina Jane Ridner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1-25-52 to 6-1-54
16. SOCIAL SECURITY No.: 31714 2466
17. INFORMANT & ADDRESS: Janet [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Accidental drowning
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Susquehanna River
21c. (City or town) Darlington (County) Harford (State) Md.
21d. TIME OF INJURY (Month) 6/1 (Day) 54 (Year) 5:49 (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Boat capsized

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gerald C Palmer
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 6/4/54

23. ~~BURIAL, CREMATION,~~ REMOVAL (Specify): Removal
DATE THEREOF 6-7-54
NAME OF CEMETERY OR CREMATORY Community Cemetery
LOCATION (City, town, or county) (State) Paoli, Orange Co. Ind.

DATE REC'D BY LOCAL REG. 6-4-54
REGISTRAR'S SIGNATURE ~~Dorothy [illegible]~~ C. W. Kirk
24. FUNERAL DIRECTOR Fred A. Patterson & Son
ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
JUN 11 1954

5622 **MARYLAND STATE DEPARTMENT OF HEALTH** 05626

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen | LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robin Hood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Robin Hood Rd.

3. NAME OF DECEASED (Type or Print) (First) Hattie (Middle) Ellen (Last) Williams
4. DATE OF DEATH (Month) 6 (Day) 21 (Year) 1954
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7/30/88
9. AGE last birthday 65 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Harford County
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Solomon Brown
14. MOTHER'S MAIDEN NAME Ellen Kell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Percy V. Williams - Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hypertensive - Arteriosclerotic Heart disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20, 1951, to 6/21, 1954, that I last saw the deceased alive on 6/21, 1954, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

SIGNATURE George T. Stansbury, (Degree or title) M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 6/21/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6/24/54 | NAME OF CEMETERY OR CREMATORY Union Methodist Cemetery | LOCATION (City, town, or county) Aberdeen, (State) Md.

DATE REC'D BY LOCAL REG. June 23-54 | REGISTRAR'S SIGNATURE Nellie R. Terry | 24. FUNERAL DIRECTOR Otelia J. Bullock - Havre de Grace, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

VS. A15

JUN 25 1
EAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Havre de Grace

LENGTH OF STAY (in this place) D.O.A.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN 48 x 3

STREET ADDRESS (If rural, give location) Fort Lauderdale

3. NAME OF DECEASED: (Type or Print) (First) OLAIN (Middle) WRIGHT (Last)

4. DATE OF DEATH (Month) June (Day) 24 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Single): Unknown

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 23 ? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): Unknown

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: State Police, Conowingo, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 984X

Immediate cause (a) Gunshot wound of head

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Woods

21c. (City or town) Bel Air (County) Harford (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 24, 1954 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Shot by Trooper in self-defense

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Paul F. Merin M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED June 25, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 6/30/54

NAME OF CEMETERY OR CREMATORY Anatomy Board

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. June 30-54

REGISTRAR'S SIGNATURE A. L. Lewis M.D.

24. FUNERAL DIRECTOR Pennington for Havre de Grace, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
JUL 1 1954
BUREAU V. S.

5624 05628

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 185

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de Grace | LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN HAVRE de Grace
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Zellman JR.

4. DATE OF DEATH (Month) 6 (Day) 19 (Year) 1954

5. SEX: MALE | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 1/28/39 | 9. AGE last birthday: 15 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): —School | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): HARFORD Co. MD | 12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: John Henry Zellman SR
14. MOTHER'S MAIDEN NAME: Edith HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: John. H. Zellman,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) GUNSHOT WOUND OF BRAIN
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Field | 21c. (City or town) HAVRE de Grace - Harford (County) (State) MD

21d. TIME OF INJURY (Month) 5 (Day) 19 (Year) 54 (Hour) 4:30 P.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? SHOT BY ANOTHER Boy While HUNTING

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. K. Fisher M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 5-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 6/22/54 | NAME OF CEMETERY OR CREMATORY Rock Run. | LOCATION (City, town, or county) HARFORD Co (State) MD

DATE REC'D BY LOCAL REG. June 21-1954 | REGISTRAR'S SIGNATURE G. L. Lewis M. D. | 24. FUNERAL DIRECTOR R. MADISON MITCHELL | ADDRESS HAVRE de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JUN 22 1954
BUREAU V. S.